

April 2018

Scottish Drugs Forum (SDF) fully supports the development of drug consumption rooms (DCRs) in Scotland as a means of reaching out more effectively to the most marginalised populations and has been advocating their development for over twenty years.

SDF is encouraged by the political and public support for DCRs which we hope is translated into a more compassionate approach to people with drug problems more generally and to further support for evidence-based interventions.

There are now around 100 facilities across the world, primarily in Europe, which have provided over thirty years of evidence of their effectiveness.

The effectiveness of drug consumption facilities in reaching and staying in contact with highly marginalised target populations has been widely documented. (Hedrich et al., 2010; Potier et al., 2014).

This contact has resulted in immediate improvements in hygiene and safer use for clients (Small et al., 2008, 2009; Lloyd-Smith et al., 2009), as well as wider health and public order benefits.

Research has also shown that the use of supervised drug consumption facilities is associated with self-reported reductions in injecting risk behaviour such as syringe sharing. This reduces behaviours that increase the risk of HIV transmission and overdose death (e.g. Stoltz et al., 2007; Milloy and Wood, 2009)

The provision of DCRs is a shift in terms of provision so that people are not engaging while in crisis and there are no barriers to engagement. This helps build trust and can inspire hope and motivation. People can engage with staff at a DCR to get other supports to address the issues they face.

The proposal for a Safer Drug Consumption Facility in Glasgow is part of the proposed response to the HIV outbreak among injectors in Greater Glasgow, currently involving around 120 people. Potential savings in HIV treatment formed part of the 'business case' for the proposals.

The HIV outbreak involves more than 1 in 5 of the estimated 500 people who inject drugs in and around Glasgow City Centre. It is important that people affected are engaged and in regular contact with services so as they can be engaged in effective HIV treatment. There are challenges involved in getting people from this group into sustained and regular HIV treatment regimes and services are struggling to do so.

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The Safer Drug Consumption Facility was part of the proposed means to achieve this as was the provision of heroin-assisted treatment (HAT). The HAT proposal is perfectly legal and practicable but has not been delivered. The outbreak is ongoing and remains uncontained.

The proposal for the Safer Drug Consumption Facility was referred by the Health Board, through the Integrated Joint Board in Glasgow, to the Lord Advocate. The Lord Advocate subsequently advised that there could be no DCR as to establish and manage such a facility would be a breach of the Misuse of Drugs Act which, as the UK's chief legislative control of drugs is reserved to Westminster. He suggested that the UK Government be approached with a request to devolve the relevant powers.

There are no recorded cases of a fatal overdose in a DCR. However, unfortunately, they are not a simple solution to Scotland's high rate of drug overdose deaths (an average of an overdose death every 10 hours) unless they were delivered on a large scale and made widely accessible. This is because–

- People will usually use such a facility as an alternative to public injecting – people injecting in their own homes are less likely to seek an alternative
- People will usually only use such a facility if it is local and so the 'catchment area' of a DCR is relatively small and so many would have to open across Scotland to impact on the number of drug-related deaths.

For these reasons DCRs usually open in areas of highly concentrated demand (usually the centres of large cities) with significant amounts of injecting drug use.

In conclusion, SDF is fully supportive of the development of DCRs as a means of reaching out and engaging with our most vulnerable populations. However it should not be seen as a panacea and the lack of progress on this should not be a reason to hold back on a range of other developments that we can deliver now and that can begin to make an impact on Scotland's tragic level of fatal overdose deaths which currently shows no sign of reducing and on the outbreak of HIV in Glasgow including heroin-assisted treatment.

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